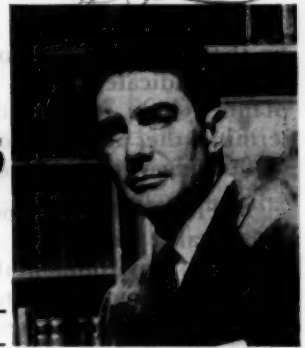


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Dan Smoot Report



DAN SMOOT

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FACTS ON FLUORIDATION

In August, 1959, the Medical-Dental Ad Hoc Committee on Evaluation of Fluoridation, published the proceedings of its third Medical-Dental Conference on Fluoridation, concluding that fluoridation of public water supplies poses serious threats to the health of the entire population.

More than 1500 of the nation's leading physicians, dentists, and scientists sponsor the Medical-Dental Ad Hoc Committee which was created to study fluoridation. Allen A. London, Doctor of Dental Science, is National Secretary of the Committee, whose address is Old Boonton Road, Boonton, New Jersey. Jonathan Forman, a medical doctor in Columbus, Ohio, is National Chairman.

The Medical-Dental Ad Hoc Committee published, in 1957, this Statement on Fluoridation:

"We, the undersigned are opposed to the fluoridation of public water supplies. As members of the medical, dental, and related public health professions, we are as concerned as anyone over the prevalence of tooth decay, and as anxious that it be prevented; but each of us, for some or all of the reasons set forth here and discussed more fully in the appended memorandum, believes that fluoridation of public water supplies is not a proper means of attempting such prevention.

"1. Positive proofs of the safety of fluoridation are required. None has been offered.

"2 The so-called therapeutic concentration of fluoride, arbitrarily established as 1 ppm., in drinking water, is in the toxic range.

"3. Dental fluorosis (ugly discoloration of teeth), the first obvious symptom of chronic fluoride toxicity in children, is an inevitable result of fluoridation. The evidence reveals that large numbers of the population may be afflicted, and with varying degrees of damage.

"4. The determination of whether damage resulting from dental fluorosis is "objectionable" is a matter for the person whose teeth are affected, and not for the arbitrary assertion of public officials.

"5. The conceivable role of fluoride as an insidious factor in chronic disease has been evaded

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by the proponents. A substantial amount of evidence indicates such a possibility. Properly planned long term studies are required to determine the possible comprehensive association of fluoride with chronic disease.

"6. Fluoridation imposes an extraordinary risk on certain individuals who by reasons of occupation, environmental circumstances, state of health, dietary habits, etc., are already exposed to a relatively high intake of fluoride.

"7. Fluoridation is compulsory mass medication without precedent. Mass therapy cannot ignore the possibility of 'mass' side reactions.

"8. The function of a public water supply is to provide pure, safe water for everybody, not to serve as a vehicle for drugs.

"9. The role and efficiency of fluoride in dental caries reduction is a matter of active controversy; whatever the outcome, there are less hazardous and more efficient ways of obtaining such benefits as fluoride may offer than by putting it into the public water supply."

The August, 1959, report by the Medical-Dental Ad Hoc Committee resulted from the Committee's continued studies of the fluoridation problem. Here are abbreviated extracts from the report:

"PUBLIC AND PROFESSIONAL REACTION TO FLUORIDATION

"Fluoridation has suffered overwhelming rejection in communities where it came to issue during the past year. A significant factor in this trend has been the growth of the number of members of the medical profession who have given public expression to the critical aspects of fluoridation.

"A recent important development is the decision of the Ontario Government to ban fluoridation in the province. This is significant since one of the original fluoridation projects is located in this province.

"EFFECTIVENESS OF FLUORIDE IN DENTAL CARIES PREVENTION

"Of the many claims made for fluoridation, the

slogan "65% reduction in dental decay" is the one most ardently promoted, but it is more cliché than fact.

"There is evidence of increased dental care programs which have accompanied fluoridation projects; but this factor has not been evaluated.

"Increased dental care in Newburgh, New York, (which has fluoridated its water supply) as compared to that obtaining in Kingston (which does not have fluoridation) is apparent from the New York State Department of Education records. The Marshall, Texas, fluoridation project also produced evidence of increased dental care. A recent report concerning a Brazilian project reveals a marked increase in fillings and other dental work. Similar information comes from the DeKalb County (Georgia) report.

"Rather telling information comes from the fluoridation project in Philadelphia. Coincident with the institution of fluoridation in Philadelphia in 1954 a rather extensive community dental health program was initiated. Dental clinics were established in the school buildings and school nurses charged with the responsibility of providing an adequate flow of patients. As part of the preventive program, special emphasis has been placed upon the elimination of the sale of sweets in school cafeterias and in school yards by private vendors. Carbonated drinks are no longer sold in any Philadelphia public school. The authorities are substituting for this by engaging in an intensive program to encourage the use of fruits at recess time.

"In the Philadelphia public schools, in the period 1945-1946, 22.9% of the pupils examined were given prophylaxis treatment whereas in the period between 1956 and 1958 when fluoridation was in effect, the percentage of prophylaxis increased to over 80%. In the face of such information it is seriously questionable whether the claims of a 45% reduction in tooth extraction and a 50% reduction in dental cavities for the 6 year old children in Philadelphia attributable to four years of fluoridation has any validity.

"If fluoridation is given credit, then the values

resulting from the other aspects of the extraordinary dental health program in Philadelphia must be equated to zero.

"In evaluating the results of the fluoridation projects we are obviously confronted with a multiplicity of factors and not fluoride alone. Yet, in the presentation of data from Newburg, Grand Rapids, Brantford, and other areas, sole credit is given to fluoride. If this be the case, then there would be no reason to believe that increased dental care, better nutritional habits, and better personal care are factors in dental health. This is obviously not correct.

"FLUORIDE IN SOFT TISSUES

"**T**his Committee has emphasized the conceivable role of fluoride in chronic disease.

"Fluoride is cumulative at virtually any level of intake; this, coupled with its tendency to interfere with enzyme and vitamin functions, its known etiologic role in certain abnormal bone changes, and its general propensity to act as a systemic poison, requires the most careful consideration in relation to its potentially chronic toxic effects.

"Knowledge of the occurrence of fluoride in soft tissues was evident in the early 1800's. During the present century, Gautier and Claussman (1913) reported analytical results on fresh and dry tissues of various animals, including humans. They found fluoride in such human tissues as muscle, gland, nerve, blood, etc. More recently, Matuira, *et al* (1955), reported findings on fluoride content in such soft tissues of man as muscle, skin, hair, nails, fat, lung, heart, spleen, blood, stomach, intestines, pancreas, liver, gall bladder, kidney, brain, nerve.

"In view of such knowledge, it is rather disturbing to learn that at a meeting of the American Association for Advancement of Science held in December, 1957, a report was presented which included the following:

" 'Only recently has it been possible to demon-

strate, for example, the fact that fluoride is present in various soft tissues of the body, such as the heart, and kidney, although its function in these tissues is not yet known. This is in contrast to the accepted findings of long standing that fluoride is deposited only within the skeleton and teeth.'

"The statement is untrue and of a similar texture which proclaimed that fluoride 'at an intake of 1 ppm' is excreted completely. Obviously, such information is furthered in order to condone the fluoridation concept. Manifestly, it is contrary to a scientific approach to the evaluation of fluoridation.

"Gettler and Ellerbrook (1939) reported on the fluoride content of normal tissues and those associated with five fatal cases of fluoride poisoning.

"In the same study, the tissues of five dogs killed by acute fluoride poisoning showed a fluoride content of the same order as that found in the human tissues.

"In a case of suspected chronic poisoning associated with a fluoridated water supply, Dr. Waldbott (1957) reported fluoride content in various tissues: iliac bone, lumbar bone, skin, lung, kidney.

"In view of the trend of findings, the potential toxicity of fluoride takes on an added significance, since in many instances the concentrations of fluoride found are consistent with significant enzyme inhibitive and other possible effects. Disease processes are attended by a disturbance in the all-important enzymic balance which is so fundamental to life itself. There is a large literature attesting to fluoride as an enzyme poison. Recently Theorell in a presentation to the Royal Medical Board of Sweden stated:

" 'As far as is known the toxicity of the fluorine ion is due solely to its inhibiting effect upon many enzyme systems. In assessing the role that these enzyme inhibitions may play, extreme caution is called for, as a large number of unknown factors

enter here.'

"Dr. Theorell's deductions concerning possible hazards from fluoride are premised upon a concentration of 1ppm in water (which is the recommended concentration for 'safe' fluoridation of public water systems). It is now known that such an intake (of water fluoridated at one part per million, as recommended by all proponents of fluoridation) would lead to a many-fold increase in concentration of fluoride in localized tissues.

"In summarizing, Dr. Theorell states:

"It may be said that even if the risks from the viewpoint of enzyme chemistry connected with a water fluoridation up to 1 ppm should not be exaggerated, yet the distance to toxic doses is nonetheless so short as to justify some hesitation. Here I would also agree with the viewpoints advanced by Stralfors concerning the possibility of great individual variations in sensibility."

"CONTROL OF WATER SUPPLY FLUORIDATION

"The medical professions have been given the impression that the application of fluoride may be easily maintained and controlled with a very high order of accuracy and precision. The report of the Expert Committee on Water Fluoridation, World Health Organization (1958) specifies that the dosage in the fluoride content of the water as delivered to consumers and the degree of control should be maintained so as not to exceed a variation of 0.1 ppm (plus or minus) the established dosage.

"Investigations sponsored by this Committee in a number of communities have confirmed the existence of considerable variation in fluoride content in water as it is delivered to the consumer (variations well beyond that specified as safe).

"This committee is in possession of considerable information that, as far as maintaining the required control of fluoridation according to the specified requirements is concerned, the practice in many communities is far from satisfactory. The

extent of deficiency in control and operation is not known.

"Most water systems are concerned primarily with control at the treatment plant, that is the point at which the injection of fluoride chemical occurs.

"In general, maximal concentrations of fluoride seem to be carried in the mains more directly related lineally to the water plant and where the water is flowing most rapidly. In areas where the flow is slow or intermittent and where flow conditions in the mains are highly varied and erratic, a number of possibilities are indicated. The frequent finding of relatively low concentrations of fluoride in such situations is indicative of possible interaction between main sediment and growths and fluoride in the water. Some evidence of this is indicated in fluoride accumulations of main sediment which may run several thousand parts per million or even greater. Investigation concerning this is scant.

"It is evident from the findings that the practice of fluoridation is not the simple and reliable matter that some of the promoting authorities have given the profession and the public in general to believe. It is also evident that the number of communities in this country with inadequate or deficient control of fluoridation is considerable.

"In addition to the factors which create uncertainties in the distribution of fluoride to consumers via the water supply, variations in individual water consumption, varied intake of fluoride in the diet, and intake attributable to atmospheric and occupational exposure, indicate that control, where the welfare of the individual is concerned, is truly lacking.

"It is clear, even if it were possible to maintain fluoride in the water supply with a great precision and accuracy, there can be no assurance of a controllable ingestion of fluoride at the individual level. Neumann (1957), who studied this matter concerning children, found a wide variation of intake.

"Dr. Dymond, the Minister of Health, Ontario, contends that fluoridation of water supplies is a hit and miss proposition:

" 'When I prescribe treatment for my patients I prescribe a stated amount. It is not possible to prescribe a stated amount of fluoride by introducing it into the water supply.'

"ALTERNATIVE METHODS

"Proposals for providing fluoride on an individual or prescription basis (via tablets, solutions, drops, etc.) are increasing.

"Some who have given thought to the economic aspects of fluoridation emphasize that the use of alternative methods, such as tablets, not only offers the advantage of individual control but also substantial economies. Tablets, for instance, according to the New York City Dept. of Water Supply, can be provided at a much lesser cost when procured on a community basis.

"In general, the matter of fluoride supplementation should rest with the individual and the advice of his physician or dentist. However, this Committee is aware of information that small amounts of fluoride, even if taken on a short term basis, may adversely affect certain individuals. This is a matter which each individual, and each doctor should bear in mind when the prescription of fluoride is considered.

"CONCLUSION: FLUORIDATION OR SAFE WATER SUPPLY

"The actual effectiveness of fluoridation remains to be determined. The original claims and promises were not soundly based. The reported results of artificial fluoridation are statistically dubious.

"Meanwhile, the prime requisite for a community water supply has been compromised. Such supplies require the highest attainable standards of safety for all. Addition of a known poison which contributes nothing to the safety or potability of the water is directly contrary to this

principle.

"The safety of fluoridation cannot be demonstrated. There is now sufficient evidence to justify a positive presumption of hazard, and there is enough possibility of graver future harm to warrant added caution.

"It is frankly admitted by proponents that from 10% to 20% of 'definite' dental fluorosis (mottled enamel) is expected, and it has been officially stated that this is not considered 'objectional.'

"The health professions should realize that even 1% is a statistically enormous figure when applied to whole populations.

"The American Medical Association concedes the probability of harm but implies a hope that the harm will be minimal. It also postulates that the harm will be outweighed by the anticipated benefit—a dubious postulate when neither the degree of benefit nor of harm is known.

"Two points should be noted. First, the decision whether benefit outweighs harm is the prerogative of the harmed individual, not of the American Medical Association nor of the community. Secondly, to condone addition of a harmful substance to a public water supply on grounds that the good outweighs the harm, is an extraordinary concession of principle that treads on dangerous ground.

"Also, it should be realized that the American Medical Association report is admittedly a mere expression of opinion, which cannot be construed as guarantee for any aspect of fluoridation, either effectiveness or safety.

"In fluoridation, public health authorities are promoting the willful and needless addition of a potentially hazardous substance to water supplies. By their own evaluation, these same authorities have stated that the factor of safety in fluoridation is *zero*; and fluoride looms among the most toxic of the substances listed.

"A drug is not considered 'safe' till it has been shown that less than one person per 100,000 is likely to be harmed, and the burden is on its

backer to prove such a degree of safety. Moreover, such standards are required despite the fact that the drug will be administered in prescribed dosage, for due cause, only when needed, and under medical supervision, and will be taken voluntarily.

"Regarding fluoridation, all the facts are otherwise. The fluoride is administered in uncontrollable and unpredictable amounts to everyone, without regard to need or susceptibility, through the entire lifetime, and with no supervision, medical or otherwise — and its use is compulsory.

"An expected incidence of 10,000 to 20,000 cases of dental fluorosis per 100,000 is termed 'unobjectionable,' and the burden is placed on opponents to prove both what, and how much, additional damage *will* (not *may*) result.

"It is the compelling obligation of the health professions to become aware of facts and to inform the public of the potential hazards in the uncontrolled and indiscriminate use of fluoride. It is also the obligation of each individual physician and dentist to recommend fluoride for his own patients if and when he, individually, is soundly convinced that they would benefit."

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ROBOTRY AND WATER

Dr. L. A. Alesen has written *Robotry and Water: A Critique of Fluoridation*, a 26-page booklet just published by the Freedom Club, 535 South Hoover Street, Los Angeles 5, California: price 25¢.

Dr. Alesen (Director of the Freedom Club, author of several important books, and formerly president of California Medical Association, and chief of staff at the Los Angeles County General

Hospital) is among the world's ablest scholars in the field of medical science.

Here are some abbreviated excerpts from his critique of fluoridation:

A violent poison, fluorine accumulates in bones and teeth regardless of how small may be the amount consumed.

It is proposed that the water supply of every individual shall contain a fluoride compound in a concentration of one part of one million in temperate or colder climates and .6 parts per million in warmer climates. It is contended that if the child from birth to the age of ten or twelve is furnished with this concentration, he will on the average drink one quart of water a day, which would give him the allegedly desirable dosage of one milligram of fluoride daily.

No two individuals will drink the same amount of water daily. Obviously if the ideal dosage is one milligram per day, some individuals will get insufficient dosage and others will get far too much. It is quite obvious that the important factor is not the concentration of the fluoride in the water supply but the total amount consumed.

Physicians alert to the possibility of long-range chronic fluorine intoxication have found undoubted evidence of such intoxication.

Affected children — apart from the discoloration of teeth — do not appear to suffer from the intake of fluoride. About 30 years of age, however, the first symptoms of intoxication appear. This is evidenced by

a recurrent general tingling sensation over the body, pain and stiffness especially in the lumbar region of the spine.

Mottling of teeth (which the Public Health Service admits will occur in about 20% of the children who have drunk the alleged magic concentration of fluoridated water) is but one manifestation of a deep and toxic process.

Certain forms of deafness, cataracts, and kidney stones may be associated with faulty calcium-phosphorous metabolism caused by fluoride intoxication.

Professor J. Earle Galloway, who has spent forty years in biochemical research, says that sodium fluoride has an effect on the metabolic cycle from which we get the energy to maintain the life process and repairs to the body — that the main doubt in the use of sodium fluoride is the effect it might have on the normal growth and development of the child and the energy for repair to the body of the adult.

Statistics presented to emphasize the ex-

cellent teeth of those who have drunk *naturally* flouridated water for many years ignore the fact that these naturally flouridated waters also have an unusually high content of calcium. It very well may be that the calcium is the responsible factor, not the fluoride. In fact, the question arises as to whether the teeth of individuals in those communities would have been better without the fluoride.

Hereford, Texas is such a community, called the town without a toothache.

Dr. George W. Heard, who has practiced dentistry in Hereford for many years, says:

"I believe that natural fluoride does in a mild way retard caries but I also believe that the damage it does is far greater than any good it may appear to accomplish. It even makes the teeth so brittle and crumbly that they can be treated with difficulty if at all."

Professor H. B. Smith of the University of Arizona states:

"There is ample evidence that mottled

WHO IS DAN SMOOT?

Dan Smoot was born in Missouri. Reared in Texas, he attended SMU in Dallas, taking BA and MA degrees from that university in 1938 and 1940.

In 1941, he joined the faculty at Harvard as a Teaching Fellow in English, doing graduate work for the degree of Doctor of Philosophy in the field of American Civilization.

In 1942, he took leave of absence from Harvard in order to join the FBI. At the close of the war, he stayed in the FBI, rather than return to Harvard.

He served as an FBI Agent in all parts of the nation, handling all kinds of assignments. But for three and a half years, he worked exclusively on communist investigations in the industrial midwest. For two years following that, he was on FBI headquarters staff in Washington, as an Administrative Assistant to J. Edgar Hoover.

After nine and a half years in the FBI, Smoot resigned to help start the Facts Forum movement in Dallas. As the radio and television commentator for Facts Forum, Smoot, for almost four years spoke to a national audience giving both sides of great controversial issues.

In July, 1955, he resigned and started his own independent program, in order to give only one side — the side that uses fundamental American principles as a yardstick for measuring all important issues.

If you believe that Dan Smoot is providing effective tools for those who want to think and talk and write on the side of freedom, you can help immensely by subscribing, and encouraging others to subscribe, to *The Dan Smoot Report*.

teeth (dental fluorosis), though they may be somewhat more resistant to the onset of decay, are structurally weak and, when decay sets in, the result is disastrous."

Another effect on the teeth, attributed by many experts in dental pathology to flouridation, is pyorrhea.

No qualified physician in his right mind would hand to his patient a bottle filled with a dangerous drug with instructions to take as much or as little of it as he wished. Yet fluoridation propaganda insists that communities do exactly that with no respect whatsoever for the dangers of indiscriminate dosage and for the peculiar susceptibilities of the individuals involved.

Since the only possible benefit alleged for fluoridation is that upon children up to the age of twelve, less than one quarter of one percent of the medicated water in use in a community could be expected to produce any results. Thus, of \$10,000 spent on a given project, less than \$25 would be used by those within the age where any benefit that *could* accrue.

But the real issue is the moral issue.

To force an individual against his will to consume a dangerous drug (or any drug) is a violation of the Constitution.

The Public Health Service seeks in fluoridation of the public water supply a precedent for the use of that supply for the administration of other drugs. Once that precedent is popularly accepted, it does not require any stretch of the imagination to envision its use as a vehicle for tranquilizers to render the restive robots less restive, perhaps salicylates in the treatment of headaches, and cortizone in the mass treatment of arthritis.

If there is a minority of one individual who does not wish to be dosed by this evil mechanism of machine medication for the masses, that individual's right should be protected by specific Constitutional amendment. Pending this, the only apparent recourse is exercise of the ballot by an informed electorate.

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